

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17933

State File No.

BIRTH NO.		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>5173</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> b. CITY OR TOWN <u>Rural Summit</u> c. LENGTH OF STAY (in this place) <u>0</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holt Summit</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> c. CITY OR TOWN <u>Holt Summit</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>3 mi East Holt Summit</u>			
3. NAME OF DECEASED (Type or Print) <u>George Robert Maddox</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 25, 1888</u>	
9. AGE (in years last birthday) <u>66</u>		10. MONTH <u>7</u>		11. DAY <u>6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>W. J. Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. Farmer</u>		14. NAME OF husband OR WIFE <u>Cora B. Maddox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-36-0165</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G. R. Maddox</u>		ADDRESS <u>Abolition</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>Two years</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1953</u> , to <u>July 1, 1955</u> , that I last saw the deceased alive on <u>July 1, 1955</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ernest D. Rusk M.D.</u>				23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>July 2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bull Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East Holt Summit MO</u>	
DATE REC'D BY LOCAL REG. <u>July 2/55</u>		REGISTRAR'S SIGNATURE <u>Lily Clayton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt-Claypool Fun Home</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Le Roy Claypool

Licensed Embalmer No. 441

P. O. Address

New Bloom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.